

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <u>G. Brown</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>H. Brown</u> C. Date of Delivery <u>2</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No

Montgomery County Dentention Facility
c/o Gina Savage, Jail Administrator
P.O. Box 4599
Montgomery, AL 36103

07Cv6006 (1,4,5,6)

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 1160 0001 2556 6865

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

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Montgomery County Dentention Facility
c/o D.T. Marshall, Sheriff
P.O. Box 4599
Montgomery, AL 36103

07Cv6006 (1,4,5,6)

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7006 2760 0005 4873 0096

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

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Montgomery County Dentention Facility
c/o Doctor Bates
P.O. Box 4599
Montgomery, AL 36103

07Cv6006 (1,4,5,6)

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 1160 0001 2556 6858

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540